



भाकृअनुप-भारतीय तिलहन अनुसंधान संस्थान  
**ICAR-Indian Institute of Oilseeds Research**

राजेंद्रनगर, हैदराबाद-500 030, तेलंगाना राज्य, भारत  
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ISO 9001:2008 Certified Institute



FORMAT FOR APPLICATION FOR HEALTH CARD

S.No	Particulars	Details (to be filled in capital letters)
1	Name of the Pensioner (in Capitals)	
2	Designation at the time of Retirement	
3	Date of birth of the pensioner	
4	Date of superannuation	
5	Sex	
6	Last / Revised Basic Pay	
7	Level in Pay Matrix	
8	PPO number	
9	Basic Pension	
10	Name of the family pensioner	
11	Residential Address	
12	Mobile No.	
13	E-mail address	

14. Details of Family Members:

S.No	Name of dependent family member	Relationship with the Pensioner	Date of Birth	Blood Group (optional)

(# please attach proof in case of children)

15 Are all the persons whose names given above dependent upon you and residing with you?

(Please attach proof such as Aadhar Card/Election Card/Passport/Driving License)

16. Paste one Stamp size Photograph of each dependent member of Family (including self) whose names are proposed to be included (in the same sequence as mentioned in Column above) as part of your family in the space given below.

S.No.1	S.No.2	S.No.3
S.No.4	S.No.5	S.No.6

## UNDERTAKING

1. I undertake to intimate the Office (IIOR) immediately, if there is any change in dependency criteria of my family members included in this application form if I fail to intimate and if ICAR-IIOR comes to know of any change, the medical facility is liable to be withdrawn by this Institute and from NAARM, Hyderabad and the Competent Authority may initiate appropriate action as necessary.
2. I undertake to surrender the ICAR-NAARM Health Card on ceasing to be eligible for the health benefits.
3. I certify that the information furnished by me in this application is correct and that no information is concealed or has been misrepresented.

Encl :

Proof of Residence / Stay of dependents  
Proof of age of children/ Disability Certificate /  
Copy of PPO

(Signature of the applicant)

The information provided by the Pensioner / Family Pensioner has been verified and found to be correct.

(Dealing Assistant)

(Sr. Administrative Officer)

